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## BIB DATA SHEET

CONFIRMATION NO. 5117

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/674,277	02/13/2001	435	1645	P66034US0
<b>RULE</b>				
<b>APPLICANTS</b> Dominique Therese Marie Frechon, Paris, FRANCE; Francoise Claudine Laure, Paris, FRANCE; Dominique Thierry, Boulogne, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR99/01000 04/27/1999				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 99/05329 04/28/1998				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /PATRICIA ANN DUFFY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON, DC 20004 UNITED STATES				
<b>TITLE</b> Nucleotide sequences for detecting enterohaemorrhagic escherichia coli (ehc)				
<b>FILING FEE RECEIVED</b> 2140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	